PTO/SB/01 (05-03)

Express Label No: EV 298921647 US

Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number P06361US00 **DECLARATION FOR UTILITY OR First Named Inventor** FANGMAN, Lester J. DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Declaration Submitted after Initial Submitted OR Art Unit Filing (surcharge With Initial (37 CFR 1.16 (e)) Filing **Examiner Name** required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD AND APPARATUS FOR STORING GREASE (Title of the Invention) the specification of which V is attached hereto as United States Application Number or PCT International was filed on (MM/DD/YYYY) and was amended on (MM/DD/YYYY) (if applicable). Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. Certified Copy Attached? Foreign Filing Date **Priority Prior Foreign Application** (MM/DD/YYYY) Yes No Country Not Claimed Number(s) Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (05-03)
Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer or Bar Co		2	2885		OR	Corresp	oondence address below
Name								
Address								
City				State				ZIP
Country		Telephone				Fax		
I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardize	true; and furt le are punishab	her that the	nese stat or imprisc	ements onment	were or bo	made with t th, under 18 L	he kno	wledge that willful false
NAME OF SOLE OR FIRST IN	VENTOR:		Ap	etition	has be	en filed for this	unsiar	ned inventor
Given Name (first and middle [if any]) Lester	J.				F	amily Name r Surname	angman	
Inventor's Signature	to de	Farp	ribn					Date 7_21-03
Residence: City Seneca	State KS	-		Coun	try		Citizei US	nship
Mailing Address RR 2								
City	State				ZIP			Country
Seneca	KS				66538		n 6124	for this unsigned inventor
Given Name (first and middle [if any])				<u>اا</u>	Fa	mily Name	n illea dbeck	for this unsigned inventor
Inventor's Signature	2. Juli							Date 7-21-03
Residence: City	State			Cour	itry		Citize	nship
Baileyville	KS			US			US	
Mailing Address 511 Walnut								
City	State				ZIP		Coun	try
Baileyville	KS				66404		us	
Additional inventors or a legal re	presentative are be	ing named on	the 1 :	supplem	ental she	et(s) PTO/SB/02A	or 02LR	attached hereto.

PTO/SB/02A (05-03)

Approved for use through 04/30/2033. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

ADDITIONAL INVENTORION

DECLARATION			Supplemental Sheet Page — of — 1				
Name of Additional Joint Inventor, if any:		☐ A pet	ition h	nas been filed for this u	insigned inv	/entor	
Given Name (first and middle (if any)			A petition has been filed for this unsigned inventor Family Name or Surname				
Scott A.		, annay ivali	.5 51 0		gent		
Inventor's Signature	long	in	-		Date 7	18-23	
Residence: City Des Moines	State	IA	Cou		Citizenship		
Mailing Address 1639 E. Court Avenue						·	
Mailing Address							
City Des Moines	State	IA		Zip 50316	Country	us	
Name of Additional Joint Inventor, if any:		☐ A pet	tition h	nas been filed for this u	unsigned inv	ventor .	
Given Name (first and middle (if any)			Family Name or Surname				
Tim Fl.		Phillips					
Inventor's Signature		Date		7/18/0	3		
Residence: City Altoona State		1A		Country US		US Citizenship	
Mailing Address 2316 8th Street SW							
Mailing Address 2316 8th Street SW							
City Altoona	State	IA		Zip 50009	Country	US	
Name of Additional Joint Inventor, if any:		☐ A pet	tition h	nas been filed for this ι	unsigned inv	ventor	
Given Name (first and middle (if any)				Family Name or S	Surname		
J. Todd		Ferrell					
Inventor's Thursday		Date	7	7-18-03			
Residence: City Clive	IA		Country US		US Citizenship		
Mailing Address 1394 NW 90th Ct.							
Mailing Address							
City Clive	State	IA		Zip 50325	Country	US	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please type a plus sign (+) inside this box

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	FANGMAN, Lester J.
Group Art Unit	
Examiner Name	
Attorney Docket Number	P06361US00

I hereby appoint:		
	Customer Number 22885 amed below:	Place Customer Number Bar Code Label here
	Name	Registration Number
	the state of the s	
	or agent(s) to prosecute the application id I States Patent and Trademark Office con	
	respondence address for the above-identi ned Customer Number.	ified application to:
Firm <i>or</i> Individual Name		
Address		
Address		
City		State Zip
Country		
Telephone	<u> </u>	Fax
l am the: Applicant/Inver	ntor.	
	cord of the entire interest. See 37 CFR 3.7 er 37 CFR 3.73(b) is enclosed. (Form PTC	
	SIGNATURE of Applicant or Assigne	ee of Record
Name Les	ter J. Fangman	
Signature	este of Farmer	
Date	7-31-03	
NOTE: Signatures of all the inv forms if more than one signature		or their representative(s) are required. Submit multiple
	forms are submitted.	

Express Mail Label No: EV 298921647 US

Please type a plus sign (+) inside this box —

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	FANGMAN, Lester J.
Group Art Unit	
Examiner Name	
Attorney Docket Number	P06361US00

I hereby appoin	#•	
Practitione OR	ers at Customer Number 22885 r(s) named below:	Place Customer Number Bar Code Label here
	Name	Registration Number
		·
as my/our attorne business in the U	ey(s) or agent(s) to prosecute the application United States Patent and Trademark Office co	identified above, and to transact all onnected therewith.
	e correspondence address for the above-ider nentioned Customer Number.	ntified application to:
Firm or .		
Individual Nam	1e	
Address		
Address City		State Zip
Country		State Zip
Telephone		Fax
I am the: Applicant/I Assignee	Inventor. of record of the entire interest. See 37 CFR 3 t under 37 CFR 3.73(b) is enclosed. (Form P	3.71.
	SIGNATURE of Applicant or Assign	nee of Record
Name	Dale A. Sudbeck	
Signature	Dola Ill	
Date	7-21-03	
NOTE: Signatures of all the	he inventors or assignees of record of the entire interest gnature is required, see below*.	st or their representative(s) are required. Submit multiple
□ *Total of	forms are submitted.	

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		`
Filing Date		
First Named Inventor	FANGMAN, Lester J.	
Group Art Unit		
Examiner Name		
Attorney Docket Number	P06361US00	

I hereby appoi	nt:		Place Customer
	ers at Customer Number	22885	Number Bar Code
OR Depositions	or/a) named balaw		Label here
Practitions	er(s) named below:	D1-4-	S Noveler
	Name	Registra	ation Number
			
			
	ney(s) or agent(s) to prosecute the		
business in the	United States Patent and Tradema	rk Office connected therewi	in.
	he correspondence address for the	above-identified application	n to:
The above-	mentioned Customer Number.		
OR			
Firm <i>or</i> Individual Na	nme		·
Address			
Address			
City		State	Zip
Country			
Telephone		Fax	
I am the:			
✓ Applicant	t/Inventor.		
☐ Assigned	e of record of the entire interest. Se	△ 27 CED 2 71	•
	nt under 37 CFR 3.73(b) is enclose		
	SIGNATURE of Applica	nt or Assignee of Record	
Name	Soott A. Sargent		
Signature	Scott A. Navar	R	
Date	7-18-03		
NOTE: Signatures of all	I the inventors or assignees of record of the	entire interest or their representa	tive(s) are required. Submit multiple
forms if more than one s ☐ *Total of	signature is required, see below*. forms are submitted.		
Li Total OI	IOINIO DIE OUDITIILEU.		

Please type a plus sign (+) inside this box

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Application Number		
Filing Date		
First Named Inventor	FANGMAN, Lester J.	
Group Art Unit		
Examiner Name		
Attorney Docket Number	P06361US00	

	• .			
I hereby	appoint:			
✓ Pra OR	ctitioners at C	Customer Number 22885		Place Customer Number Bar Code Label here
☐ Prag	ctitioner(s) na	med below:		
		Name	Reg	istration Number
				
	-			
			-	
		r agent(s) to prosecute the applicatio States Patent and Trademark Office		
	•	espondence address for the above-ide ed Customer Number.	entified applica	ation to:
Firm o	<i>r</i> lual Name			
Address				
Address				
City			State	Zip
Country	W-		··	*
Telephone			Fax	
l am the:	plicant/Invent	or.		
		ord of the entire interest. See 37 CFR r 37 CFR 3.73(b) is enclosed. (Form		
		SIGNATURE of Applicant or Assi	gnee of Recor	d
Name	Tim	R. Phillips		
Signature	1	www. Klih		·
Date	7	18/03		
		ntors or assignees of record of the entire inter is required, see below*.	est or their repres	entative(s) are required. Submit multiple
□ *Total of		rms are submitted.	-	

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Filing Date		
First Named Inventor	FANGMAN, Lester J.	
Group Art Unit		
Examiner Name		
Attorney Docket Number	P06361US00	

n					
I hereby appoir	nt:				
OR	ers at Customer Number	22885		Place Customer Number Bar Code Label here	
Practitione	er(s) named below:		7		
	Name		Re	istration Number	
				Self-Martin Control Co	
				<u> </u>	
	ney(s) or agent(s) to prosec United States Patent and T				
✓ The above-r	he correspondence address mentioned Customer Numb		tified applic	ation to:	
OR					
Firm <i>or</i> Individual Nai	ma				
Address	me			· · ·	
Address					
City			State	Zip	
Country					
Telephone			Fax		
l am the: ☑ Applicant	t/Inventor.				
	e of record of the entire inte nt under 37 CFR 3.73(b) is				
	SIGNATURE of	Applicant or Assign	ee of Recor	d	
Name	J. Todd Ferrell				
Signature	Tren	ell			
Date	7-18-03	>			
	the inventors or assignees of rec signature is required, see below*.	cord of the entire interest	or their repres	entative(s) are required. Submit multi	ple
□ *Total of	forms are submitted.				